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TO: COMMISSIONER FOR F FAX NO: (571) 273-8300 (GENER NO. OF PAGES: Cover + 1	PATENTS,:U.S. PATENT & TRA PAL/MAIN FAX LINE)	DEMARK OFFICE	RECE	VED
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Territory Signature February 1, 2006	APPLICATION NO.	10/631,993 C	ENTRAL FA	
	FILING DATE	07/30/2003	FEB 0	2006
	FIRST NAMED INVENTOR	Hatch et al.		
	ART UNIT	2652		
	CONFIRMATION NO.	2371		
	EXAMINER	Tupper, Robert S.		,
Date	ATTORNEY DOCKET NO.	RR1055R.C1		
TITLE MAGNETIC HEAD SUSPENSION	ASSEMBLY FABRICATED WI	TH INTEGRAL LOAD	BEAM	

ATTACHED WITH THIS SUBMISSION:

- 1. Transmittal Letter (1 page)
- 2. Authorization to Act in a Representative Capacity form (1 page)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL SANDRA GENUA AT (949) 672-7780.

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Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

in re App	lication of: Hatch et al.			CEIVED
Application	on No. 10/631,993			L FAX GEN - 0 1-2006
Title:	7/30/2003	· · · · · · · · · · · · · · · · · · ·		
M.	agnetic Head Suspension Assembl	Y FABRICATED V	VITH INTEGRAL LOAD BEAM	1
Attorney Docket No. RR1055R.C1 Art Unit: 26		52		
ÇON	e practitioner named below is authorized to concerned. Furthermore, the practitioner is authorized to 37 CFR 1.34:	conduct interviews a horized to file corre	and has the authority to bind the spondence in the above-identities.	e principal fied
	Name	Registration I		
E	Bradley Bereznak, Esq.		33,474	
andonm signee o	of a Power of Attorney to the above-named have authority to sign a request to change the lent, a disclaimer, a power of attorney, or oth of the entire interest or an attorney of record, actitioner should be executed and filed in the	e correspondence : ner document requir la appropriate := s	address, a request for an expre ing the signature of the applica apparate Power of Attornoy to the	ess
	SIGNATURE of)	Practitioner of Reco	rd	
gnature	/Joshua C. Harrison/ Joshua C. Harrison, Reg. # 45,686		Date February 1, 2006	
imc	Joshua C. Harrison, Reg. No. 45,6	86	Registration No., if appl	icable
Icphone	(949) 672-6119			

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.